

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

SERIAL NO.
10085940

FILING DATE

APPLICANT(S)

IND.	DEP.	AFTER		AFTER	
		1st AMENDMENT	2nd AMENDMENT	IND.	DEP.
1					
2	/	/			
3	/				
4	/	/			
5	/				
6	/	/			
7	/	—	—		
8		1			
9		1			
10		1			
11		1			
12		1			
13		1			
14		1			
15		1			
16		1			
17		1			
18		1			
19		1			
20		1			
21		1			
22		1			
23		1			
24		1			
25		1			
26		1			
27		1			
28		1			
29		1			
30		1			
31		1			
32		1			
33		1			
34		1			
35		1			
36		1			
37		1			
38		1			
39		1			
40		1			
41		1			
42		1			
43		1			
44		1			
45		1			
46		1			
47		1			
48		1			
49		1			
50		1			
TOTAL IND.		1	1	1	1
TOTAL DEP.		1	1	1	1
TOTAL FEE		1	1	1	1
TOTAL CLAIMS		1	1	1	1

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE

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